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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/693,316	
	Filing Date	10/23/03	
	First Named Inventor	Lee et al.	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	4	Attorney Docket Number	HUV-046.02

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Supplemental Application Data Sheet (3 pages); and Return Receipt Postcard</b>
Remarks		Customer Number : 25181

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Isabelle M. Clauss
Signature	
Date	February 20, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Steve Pereira		
Signature		Date	February 20, 2004

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## Supplemental Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: In Vitro Differentiation of Vascular Smooth Muscle Cells, Methods and Reagents Related Thereto  
Attorney Docket Number:: HUV-046.02 (formerly APV-382.01)  
Total Drawing Sheets:: 19  
Licensed US Govt. Agency:: National Institutes of Health

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Correspondence Customer Number:: 25181

### **Representative Information**

Representative Customer Number::	25181
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**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<b>This Application</b>	<b>Continuation Of</b>	<b>09/181,311</b>	<b>10/28/98</b>
<b>09/181,311</b>	<b>An Application claiming the benefit Under 35 USC 119(e)</b>	<b>60/063,363</b>	<b><u>10/28/97</u></b>
<b><u>09/181,311</u></b>	<b>An Application claiming the benefit Under 35 USC 119(e)</b>	<b>60/080,420</b>	<b>04/2/98</b>
<b><u>09/181,311</u></b>	<b>An Application claiming the benefit Under 35 USC 119(e)</b>	<b>60/096,685</b>	<b>08/14/98</b>

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